




Your Income
Protection
Coverage



What to expect if you need to
submit a claim



UnumProvident recognizes that a disabling illness or injury creates emotional, physical and financial challenges. We want you to feel confident in knowing you have income protection insurance from UnumProvident, the leading provider of this specialty coverage.¹

Your UnumProvident benefits are intended to help support you and your family while you are unable to work. Our commitment to you, however, extends beyond the amount on your benefit check. Our unique claims management process is based on the types of injuries or illnesses you might encounter and on the expected length of your time away from work. Our Customer Care professionals work on dedicated teams — short-term, maternity, cancer, cardiac, orthopedic, psychiatric and general medical — and have been trained in all facets of the conditions handled by their team. Your Customer Care team will work hard to understand your specific needs and help you in any way that is appropriate as you move through the stages of disability and on to recovery.

¹ UnumProvident represents multiple insuring subsidiaries of UnumProvident Corporation, including the #1 individual and group income protection carriers in the United States, according to the JHA 2001 Group and Individual In-Force Surveys, April 2002.

We are committed to providing you with specialized expertise and responsive service, whether you turn to us in preparation for a planned absence or need our assistance after a disabling accident or illness.

How do I submit a claim?

To notify us of a disability income protection claim, you will need to submit a claim request. If your insurance is provided through your employer, you may obtain a claim form in your human resources department. If your employer provides for telephone submission of claims, the human resources department will provide you with a toll-free number and specific instructions for calling in your claim.

If you purchased an individual income protection policy, you may call us for a claim form or obtain a claim form from the insurance advisor who helped you buy your policy.

The claim form includes everything you will need for a claim request, including information you complete, sections for your doctor and your employer to complete, and an authorization form that enables us to gather additional information as it becomes necessary.

Who will review my claim?

Once we receive your claim request (including all four parts mentioned above), you will be provided with direct access to a Customer Care Specialist who will personally handle your needs. This special contact, an individual trained in your specific type of disability, will evaluate the full nature and potential length of your time away from work, will arrange payment of the financial benefits that may be due to you, and will begin working with you toward your recovery and return-to-work goals, as appropriate.

Is anyone else involved in the review process?

When appropriate, your Customer Care Specialist will call your employer and your attending physician to better understand your condition and your potential for

recovery. Our physicians, nurses, case managers and vocational rehabilitation consultants support our Customer Care Specialists and may also be in touch with your doctor. These professionals may provide review of the medical, occupational and rehabilitative information for your claim, and they may also offer to assist you in returning to work, if appropriate.

When will a decision be made about my claim?

Within five days of your claim's assignment to a Customer Care Specialist, your specialist will contact you. With some conditions, such as standard maternity leave or a recovery following a routine surgery, your benefits may begin almost immediately. If your medical condition is more complicated, we may require additional medical information to better understand your claim. Depending on how quickly we receive the additional information, your benefits determination could take longer. In such a case, your Customer Care Specialist will provide you with a written update on the status of your claim request at a minimum of every 30 days until decided. Our goal is always to provide a decision as quickly as possible. Your prompt response to requests for information about your claim will help us serve you better and help ensure that you receive payments in a timely manner.

What if I have questions about my claim?

During your first conversation with your Customer Care Specialist, you will receive a toll-free number that you can use whenever you need to reach him or her with questions or concerns about your claim.

How will I know when I'm ready to go back to work?

Because most disabilities are not permanent in nature, we offer you return-to-work support in addition to providing you with financial benefits. Return-to-work potential is



part of your claim evaluation from the start. When needed, we may partner with you and/or your employer on transitional work schedules, modification of your workspace or an investment in additional training that will enable you to return to the workforce. At the appropriate time, a vocational rehabilitation consultant may be assigned to assist in your transition back to work.

What happens if I am out of work for a long time?

If your claim is or becomes long term — meaning usually that you will be out of work for more than 90 days — your Customer Care Specialist will stay in contact with you, your physician and your employer as needed, and will continue to monitor the progress of your medical condition. Periodically, depending upon the specific circumstances of your claim, we will reassess your eligibility for benefits.

With more serious conditions that could mean long-term inability to work, we will help you with additional benefits that may be available to you, and, if applicable, to other members of your family through Social Security Disability

Income (SSDI). We can help you apply for these benefits and assist you throughout the approval process.

What happens if I disagree with UnumProvident's decision on my claim?

Our claim process is designed to ensure that your claim receives a thorough, fair and objective evaluation. In addition, numerous safeguards are in place throughout the process to ensure the integrity of decisions that result from our evaluation. If we determine that benefits are not payable either in whole or in part, you may appeal the decision by requesting a separate, impartial review from our Quality Performance Support Unit.

**For more information, please call
1-866-568-2727 (toll-free) or visit
www.unumprovident.com/claims/**

If you have employer coverage, you can also contact your human resources department. If you have an individual policy, you may contact the insurance agent who helped you purchase your policy.

UNUMPROVIDENT CORPORATION

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